## FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

# OMB APPROVAL

OMB 3235-0287 Number:

Estimated average burden

hours per 0.5 response:

# Check this box if no

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Reddy Vijayapal							2. Issuer Name <b>and</b> Ticker or Trading Symbol Syra Health Corp [ SYRA ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
														Direct	or	10%	6 Owner	
(Last) (First) (Middle) C/O SYRA HEALTH CORP. 1119 KEYSTONE WAY N., #201						(Mor	3. Date of Earliest Transaction (Month/Day/Year) 10/09/2023							Office title b	r (give elow)	Oth (spo	ecify	
							4. If Amendment, Date of Original Filed							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) CARMEL IN 46032					(Mor	(Month/Day/Year)						(Cne	Form filed by C			orting		
(City) (State) (Zip)															filed by ting Pe	More tha	n One	
			Tahle I	- Non	-Deriv	ative S	Securi	tios Ac	auir	ad D	isnosed	of or F	leneficiall	v Owned				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/D ay/Year)					2A. tti Dee Exe (D n D	emed ecutio ate, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4			(A) or	5. Amou Securiti Benefic Owned Followin	unt of ies ially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(Month/D ay/Year)		Code	v	A	mount	(A) or (D)	Price	Reporte Transac (Instr. 3 4)	tion(s)	(I) (Instr. 4)			
				Tabl							sed of, or onvertible		ally Owned	•				
1. Title of Derivative Security (Instr. 3)	2. Conversi on or Exercise Price of Derivativ e Security	3. Transact ion Date (Month/ Day/Year )	3A. Deemed Executio n Date, if any (Month/ Day/Year )		4. Transaction Code (Instr. 8)		. Number of berivative fecurities Acquired A) or Disposed of D) (Instr. 3, 4 and		6. Date Exercisable ar Expiration Dat (Month/Day/Yo		7. Title and Amount of Underlying Derivative (Instr. 3 and 4)		f Securities	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficial Owned Following	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership	
				Code	v	(A)	(D)	Da Exer bl	cisa	Expirat ion Date	Titl		Amount or Number of Shares		Reported Transacti (s) (Instr	ion		
		l		Code	١ ٠	(~)	1 (5,	ı ~·	٠ ١	Date	""	۱ ۲	Jilaies	1	(3) (111361	. 4,		

#### **Explanation of Responses:**

1. The options shall vest in four equal annual installments with the first installment vesting on the date of grant.

/s/ Deepika Vuppalanchi, as Attorney-in-Fact for

10/10/2023

Vijayapal R. Reddy

\*\* Signature of Reporting Date Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.